

KEIRAKU CHIRYO: THE ART OF JAPANESE MERIDIAN BALANCING

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For 4-day intensive workshop in June, see:

<http://drjakefratkin.com/taiji/yinyang/2011>

Syllabus

9:00-9:30	Introductory remarks Discussion of <i>qi</i> and blood Discussion of meridian network (meridian vs. organ)	
9:30-10:00	Discussion: needle and effect Comparison of Japanese to Chinese styles of acupuncture	30
10:00-10:20	<i>Kiraku Chiryō</i> – Introduction; Root and Branch	20
10:20-10:30	(Break)	10
10:30-10:45	<i>Kiraku Chiryō</i> – Principles (Kuwahara)	15
10:45-11:00	<i>Kiraku Chiryō</i> , Japanese Meridian Therapy – history in Japan	15
11:00-11:15	<i>Kiraku Chiryō</i> - history in the West	15
11:15-11:30	<i>Kiraku Chiryō</i> , Japanese Meridian Therapy – Books	15
11:30-11:45	(Break)	10
11:45-12:15	<i>Nan Jing</i> pulse positions	30
12:15-12:45	Taking the pulse by position	30
12:45-1:00	Questions and review	20
1:00-2:00 pm	(Lunch)	
2:00-2:20	<i>Kiraku Chiryō</i> pulse position patterns	20
2:20-3:00	Patterns of Meridian Therapy (Kuwahara)	40
3:00-3:10	Comparison of needle sizes, Japanese and Chinese	10
3:10-3:30	Needle technique	20
3:30-3:40	(Break)	10
3:40-4:25	Classical point organization	45

	Classical point selections for root treatment	
	Tonification and Drainage Pts: Quick Summary	
4:25-4:45	Demonstration of root treatment	
4:45-5:00	Basic Pulses	15
5:00-5:10	(Break)	
5:10-5:20	Advanced <i>Keiraku Chiryō</i> Meridian Patterns	10
5:20-5:30	The Taiji Yin Yang Protocol with O-ring testing	10
5:30-5:40	Demonstration of MEAD system and treatment	15
5:40-5:50	Meridian sequence <i>qi gong</i>	10

PRINCIPLES OF MERIDIAN THERAPY

From: TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003

1. Affirmation of the existence of meridians
2. The view that all diseases will manifest as a change in the meridians
3. Changes in the meridians, whether deficient or excess, are grasped by focusing on the comparison of pulse positions
4. Focusing on patterns (*sho*) of imbalance based on deficiency of the *yin-zang* organ-meridians
 - a. Liver, Spleen, Lung and Kidney
5. The splitting of treatment between root treatment and local (branch) treatment
 - a. These are performed simultaneously and have equal value
 - b. Root treatments have standardized protocols
 1. Root treatment focuses on one of the *yin-zang* organ-meridians
 2. Recent effort to encourage wider point selection than just classical recommendations
6. Treatment theory: tonify deficiency and disperse excess
7. Focus on tonification
 - a. Use shallow insertion with retained needles
 - b. Or no insertion at all (contact needling)

HISTORY AND DEVELOPMENT OF KEIRAKU CHIRYO JAPANESE MERIDIAN THERAPY

1868–1936

Acupuncture in Japan

1930-1940s:

Komai Kazuo

Editor of *Oriental Medicine Journal*

1936: “The most important guide for the development of medicine lies in the study of the meridians.”

Yanagiya Sorei

April, 1938: “Return to the classics!”

Huang Di Nei Jing: origins between 3rd and 1st century BCE;
revised by Wang Bi in 762 CE; composed of:

Su Wen, Basic Questions

Ling Shu, Divine Pivot

Nan Jing, Classic of Difficulties; Qin Yue-Ren, 1st-2nd c.

Started *Society for the Study of Practical Acupuncture* and established *Keiraku Chiryō*, School of Meridian Therapy; met monthly

Okabe Sodo

Member and teacher of Yanagiya’s study group

Inoue Keiri

Member and teacher of Yanagiya’s study group

1945-1985:

Fukushima Kodo *

author, *Meridian Therapy*, Toya Hari Medical Assoc., 1991

Shimada Ryuji

Influential clinician and researcher

Other:

1965, first issue of *Journal of Meridian Therapy*

1971, Name changed from *Classical Acupuncture* to *Meridian Therapy*

1974, Okabe starts *East Asian Medicine Research Institute*

1983, Meiji University of Oriental Medicine opens, creating a single systematic education program

1980s-present:

Okada Akizo

Shudo Denmai *

Author, *Introduction to Meridian Therapy*, Eastland Press, 1990

Kuwahara Kuei *

Editor, *Traditional Japanese Acupuncture, Fundamentals of Meridian Therapy*, Complimentary Medicine Press, 2003

Ikeda Masakazu *

Author, *The Practice of Japanese Acupuncture and Moxibustion*, Eastland Press, 2005

1994, first issue of *North American Journal of Oriental Medicine*

* = works are available in English.

RECOMMENDED TEXTS

JAPANESE CLASSICAL ACUPUNCTURE: INTRODUCTION TO MERIDIAN THERAPY, Shudo Denmai & Stephen Brown, Eastland Press, 1990

MERIDIAN THERAPY, Fukushima Koda, The Toyo Hari Medical Association, 1991

THE PRACTICE OF JAPANESE ACUPUNCTURE AND MOXIBUSTION: CLASSICAL PRINCIPLES IN ACTION, Ikeda Masakazu, Edward Obaidey, Eastland Press, 2005

TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003

PULSE POSITIONS

From, Pulse Classic, Wang Shu He, 280 CE

	LEFT		<u>Distal</u>	RIGHT		
	<u>Superficial</u>	<u>Deep</u>		<u>Superficial</u>	<u>Deep</u>	
<i>Fire</i>	Small Intestine	Heart	<i>cun</i>	Large Intestine	Lung	<i>Metal</i>
<i>Wood</i>	Gallbladder	Liver	<i>guan</i>	Stomach	Spleen	<i>Earth</i>
<i>Water</i>	Bladder	Kidney	<i>chi</i>	Triple Burner	Pericardium	<i>Fire</i>

Proximal

THE PATTERNS

	(1) Primary	(2) Mother	(3) Father		
1.	Lung	Spleen	Ht/PC	or	Liver
2.	Spleen	Heart/PC	Liver	or	Kidney
3.	Liver	Kidney	Lung	or	Spleen
4.	Kidney	Lung	Spleen	or	HT/PC
(5.	PC/Heart	Liver	Kidney	or	Lung)

KEIRAKU CHIRYO: KEY PATTERNS

From: *TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY*, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003

KEY DEFICIENCY PATTERNS

1. LIVER DEFICIENCY

- a. Liver stores the blood
- b. The essential deficiency of *qi* (ki) of the liver means deficiency of liver blood
- c. When blood is deficient, there follows either heat or cold symptom patterns
 1. Liver deficiency/cold pattern
 2. Liver deficiency/heat pattern

2. HEART DEFICIENCY

- a. There is no heart deficiency
- b. The heart stores *shen* (spirit); *shen* is its essential *qi* (ki)
- c. It is continuously active with a rich abundance of *yang qi*
 1. If *yang qi* or *shen* is deficient, death would follow
- d. However, heart can be affected by heat or cold and to display symptom patterns
 1. These are caused by deficiencies in other organs

3. SPLEEN DEFICIENCY

- a. Spleen maintains *qi*, blood and fluids
 1. We can have a deficiency of spleen *qi*, spleen blood, or spleen fluids
- b. In pathology, we define:
 1. Spleen deficiency/cold pattern
 2. Spleen deficiency/heat pattern

4. LUNG DEFICIENCY

- a. All deficiencies of the lung are deficiencies of lung *qi* (ki)
- b. This will lead to heat or cold
- c. Because Lung controls the exterior of the body, deficiency of Lung *qi* will develop in the *yang* channels

5. KIDNEY DEFICIENCY

- a. Kidney stores *qi* and fluids
- b. Symptom patterns may involve either *qi*, fluids or both
- c. Also, deficiency of *mingmen* fire will produce the primary symptom pattern
- d. All patterns are organized as one of the following:
 1. Kidney deficiency/cold pattern
 2. Kidney deficiency/heat pattern

6. FU CHANNEL DEFICIENCY

- a. If a *yin* organ-meridian becomes deficient and cold, this cold can affect the partner *yang-fu* channel partner, causing deficiency

KEY EXCESS PATTERNS

1. FU ORGAN-MERIDIAN EXCESS

- a. If they receive pathogenic heat, they will become excess, especially when partner *yin-zang* organ becomes deficient and generates heat
 1. Eg, if Spleen develops deficiency/heat, Stomach organ can develop excess heat
 - a. If taken to the extreme, the meridian will carry the excess heat
- b. *Yin* deficiency heat can also send heat to other channels
 1. For example, Spleen deficiency of fluids can generate heat in the gallbladder channel
- c. *Yang* meridians can show excess heat when their partner *yin-zang* channel shows excess heat; Eg, Gallbladder excess/heat due to Liver excess/heat

2. LIVER EXCESS

- a. Three types
 1. Spleen deficiency of fluids > liver excess/heat
 - a. Called "Spleen deficiency Liver excess/heat pattern"
 2. Stagnation of blood due to heat > liver excess
 - a. This could be excess/heat in liver, or excess without heat
 - b. Common in patients with constitutional blood stasis
 - a. "Spleen deficiency Liver excess pattern"
 3. Kidney deficiency of fluids (*yin* deficiency) > Liver blood stagnation
 - a. Usually concurrent with poor circulation of Lung *qi*
 - b. "Lung Deficiency Liver Excess pattern"

3. HEART EXCESS

- a. There is no Heart excess
- b. However, it is possible for heat to increase in the Heart
 - 1. Called Heart heat (not Heart excess)
 - 2. This comes from heat generated from Kidney, Liver or Spleen

4. SPLEEN EXCESS

- a. The Spleen does not become excess because it does not retain heat
- b. Spleen can receive heat generated from other areas
 - 1. Spleen will divert this heat to the *fu*-organs, usually the Stomach

5. LUNG EXCESS

- a. Lung can become stagnant and full
 - 1. Pores are infused with *wei qi*
- b. Can occur in following:
 - 1. When heat generates in *yang* channels due to invasion of external pathogens, and spreads to Lung
 - 2. Deficiency/heat in *yin-zang* organs penetrate to Lung

6. KIDNEY EXCESS

- a. The Kidney is protected from excess heat because the fluids absorb it, and will evaporate it
- b. Prolonged heat, however, can dry up fluids and *yin*
 - 1. Pulse will become hard and excess
 - 2. This is not true Kidney excess, but rather deficiency of fluids, eg, Kidney deficiency

DEFICIENCY AND EXCESS IN SYMPTOM PATTERNS

- 1. Example: Liver deficiency pattern (blood deficiency) with outbreak of heat
 - a. The heat will spread to other organs and meridians
 - b. If it goes to the meridians (arms, legs, back, abdomen) and obstructs flow of *qi* and blood, pain will ensue
 - 1. This can cause pain on finger pressure, indurations (*kori*) and depressions

2. These formations are the manifestations of deficiency or excess and indicate the need for appropriate treatment
2. The basis for differentiating deficiency or excess is dependent on:
 - a. Pulse quality
 1. If pulses show excess, there should be other signs of excess
 2. If pulses show deficiency, there should be other signs of deficiency
 - b. Palpation
 1. Pain on pressure = excess
 2. Comfort on pressure = deficiency
 3. In chronic disorders, palpation is very important
 - c. Symptom patterns
 1. Fluids: loose stools, frequent urination, excessive sweating
 - a. If fluids are “normal” may be excess pattern
 2. In acute disorders, symptoms and pulse are more important

COMPARISON OF NEEDLE SIZES

Japanese #	Chinese #	Gauge (mm)
00 (02) green	44	.12 1 inch = 25 or 30 mm
0 (01)	42	.14
1 red	40	.16 1 inch = 25 or 30mm 1.5 in = 40 mm
2	38	.18
3	36	.20
4	34	.22 50 mm (2 in), 75 mm (3 in)
5	32	.25

FIVE PHASE POINTS (*wu xing*)

<i>yin</i>	WOOD Jing-well	FIRE Ying-spring	EARTH Shu-stream	METAL Jing-river	WATER He-sea
LU	11	10	9	8	5
PC	9	8	7	5	3
HT	9	8	7	4	3
SP	1	2	3	5	9
LIV	1	2	3	4	8
KI	1	2	3	7	10
<i>yang</i>	METAL Jing-well	WATER Ying-spring	WOOD Shu-stream	FIRE Jing-river	EARTH He-sea
LI	1	2	3	5	11
TB	1	2	3	6	10
SI	1	2	3	5	8
ST	45	44	43	41	36
GB	44	43	41	38	34
UB	67	66	65	60	40

YUAN, LUO AND XI POINTS

<i>yin</i>	Yuan-Source	Luo-Connecting	Xi-Cleft
LU	9	7	6
PC	7	6	4
HT	7	5	6
SP	3	4	8
LIV	3	5	6
KI	3	4	5
<i>yang</i>			
LI	4	6	7
TB	4	5	7
SI	4	7	6
ST	42	40	34
GB	40	37	36
UB	64	58	63

CLASSICAL FIVE-PHASE TREATMENT FOR TONIFICATION AND DRAINAGE

Classical approach, based on 69th Chapter of *Nan Jing* (180 AD):

“In a case of deficiency, fill the respective meridian’s mother. In a case of excess, drain the respective meridian’s child. One must first fill, and drain afterwards.”

Tonification: (*bu*: tonify, reinforce, supplement)

To tonify a channel: Tonify the mother, drain the father.

- 1) Tonify mother point of channel and/or tonify horary point of mother channel.
- 2) Drain father point of channel, and/or drain horary point of father channel.

Sedation: (*xie*: drain, sedate, reduce)

To drain a channel: Drain the child, tonify the father.

- 1) Drain child point of channel and/or drain horary point of child channel.
- 2) Tonify father point of channel, and/or tonify horary point of father channel.

POINT CHOICES FOR MERIDIAN THERAPY

Classical:

To tonify a channel: tonify the mother (+ drain father)

To drain a channel: drain the child (+ tonify father)

LUNG

Tonify: ↑Lu 9, Sp 3
 ↓Lu 10, Ht 8

SPLEEN

Tonify: ↑Sp 2, P 8
 ↓Sp 1, Liv 1

LIVER

Tonify: ↑Liv 8, Ki 10 ↑Liv 8, 5 or 3
 ↓Liv 4, Lu 8

KIDNEY

Tonify: ↑KI 7, Lu 8
 ↓Ki 3, Sp 3

Using Other Points for Tonification

1. Tonification Point
2. Horary Point
3. Luo Connecting Point
 - a. Tonifies from yin-yang partner
4. Yuan Source Point
 - a. Tonifies from Eight Extraordinary Channel network
5. Experiential Point

Using Other Points For Draining

1. Drainage Point
2. Horary Point
3. Luo Connecting Point
 - a. Drains into yin-yang partner
4. Yuan Source Point
 - a. Drains into Eight Extraordinary Channel network
5. Xi Cleft Point
6. Fire/Water Points
7. Experiential Point

Modern:

To tonify, choose mother, horary, *yuan* or *luo* point

To drain, choose son, horary, *yuan*, *luo* or *xi* point

Avoid painful pts, including *jing*-well, palm and sole, etc.

TONIFICATION AND DRAINAGE POINTS: QUICK SUMMARY

Legend:

↑ = tonification point (mother); ↓ = draining point (son); h = horary point;
l = luo-connecting point; y = yuan-source point; x = xi-cleft point; e = experiential point

YIN CHANNELS

LUNG

Tonify: ↑Lu 9(↑, y), 8(h), or 7(l); Lu 1(mu), BI 13(shu), GV 12

Drain: ↓Lu 5(↓), 6(x), 7(l), 8(h) or 9(y)

PERICARDIUM

Tonify: ↑PC 7(y) or 6(l); CV 17(mu), BI 14(shu)

Drain: ↓PC 7(↓, y), 6(l), 4(x) or 3(water)

HEART

Tonify: ↑Ht 7(y), 5(l); CV 14(mu), BI 15(shu), GV 11

Drain: ↓Ht 7(↓, y), 6(x) or 5(l)

SPLEEN

Tonify: ↑Sp 2(↑), 3(y) or 4(l); Liv 13(mu), BI 20(shu), GV 6

Drain: ↓Sp 8(x), 5(↓), 4(l), or 3(y)

LIVER

Tonify: ↑Liv 8(↑), 5(l) or 3(y); Liv 13(mu), BI 20(shu), GV 6

Drain: ↓Liv 2(↓), 3(y), 5(l) or 6(x)

KIDNEY

Tonify: ↑Ki 3(y), 4(l), 7(↑) or 10(h); GB 25(mu), BI 23(shu), GV 4

Drain: ↓Ki 10(h), 5(x), 4(l) or 3(y)

2) YANG CHANNELS

LARGE INTESTINE

Tonify: ↑LI 11(↑), 6(l) or 4(y); St 25(mu), BI 25(shu)

Drain: ↓LI 2(↓), 4(y), 6(l)

TRIPLE BURNER

Tonify: ↑TB 3(↑), 4(y) or 5(l) or 6(h); CV 5(mu), BI 22 (shu)

Drain: ↓TB 10(↓), 7(x), 6(h), 5(l), or 4(y)

SMALL INTESTINE

Tonify: ↑SI 3(↑), 4(y) or 5(h); CV 4(mu), BI 27(shu)

Drain: ↓SI 8(↓), 7(l) 6(x) or 5(h)

STOMACH

Tonify: ↑St 42(y), 41(↑), 40(l), 36(h); CV 12(mu), BI 21(shu)

Drain: ↓St 45(↓), 44(e), 42(y), 40(l), 34(x)

GALLBLADDER

Tonify: ↑GB 43(↑), 41(h), 40(y), or 37(l); GB 24(mu), BI 19(shu)

Drain: ↓GB 40(y), 38(↓), 37(l), or 36(x)

URINARY BLADDER

Tonify: ↑BI 67(↑), 66(h), 64(y) or 58(l); CV 3(mu), BI 28(shu)

Drain: ↓BI 66(h), 65(↓), 64(y), 63(x) or 58(l)

CLASSICAL SYNDROMES IN KEIRAKU CHIRYO

See: Koei Kuwahara, *Traditional Japanese Acupuncture, Fundamentals of Meridian Therapy*

1. Liver Deficiency, Heat Pattern
2. Liver Deficiency, Cold Pattern

3. Spleen Deficiency, *Yangming* Channel Excess Heat Pattern
4. Spleen Deficiency, Stomach Excess Heat Pattern
5. Spleen Deficiency, Stomach Deficiency Heat Pattern
6. Spleen Deficiency, Cold Pattern
7. Spleen Deficiency, Liver Excess Heat Pattern
8. Spleen Deficiency, Liver Excess Blood Stasis Pattern

9. Lung Deficiency, Yang Meridian Excess Heat Pattern
10. Lung Deficiency, Cold Pattern
11. Lung Deficiency, Liver Excess Blood Stasis Pattern

12. Kidney Deficiency, Heat Pattern
13. Kidney Deficiency, Cold Pattern

14. Heart Heat
15. Heart Cold

KIRAKU CHIRYO PULSE DIAGNOSIS

1. PULSE STRENGTH

- a. Distinguishes excess and deficiency
- b. Is applied to each of the 12 classical pulse positions
 1. Determines which meridians to treat
- c. Is also applied to whole pulse

2. PULSE QUALITY

- a. Determines pathology of heat and cold, status of blood and fluids, and depth of activity
 1. Determines which needle technique to use

- b. 6 BASIC PULSES (whole pulse)
 1. EXCESS
 2. DEFICIENT
 3. FLOATING
 4. SINKING
 5. SLOW
 6. RAPID

- c. OTHER IMPORTANT PULSE QUALITIES
 1. SLIPPERY
 2. CHOPPY
 3. WIRY
 4. TIGHT

**For 4-day intensive workshop in June, see:
<http://drjakefratkin.com/taiji/yinyang/2011>**